

Alabama Medicaid Covered Services and Co-payments

Below is a partial listing of the goods and services that Medicaid covers (pays for). For a list of covered services, see the covered services handbook, “Your Guide to Alabama Medicaid.”

NOTE: These covered services are for recipients who have full Medicaid benefits.

Dental Services (for children under 21 years of age only): Medicaid pays for a checkup and teeth cleaning once every 6 months.

Doctor Services: Medicaid pays for 14 doctor visits per calendar year. Medicaid also pays for 16 days of doctor’s care when the recipient is in a hospital.

Eye Care Services (for adults): Medicaid pays for eye exams and eyeglasses once every 2 calendar years for recipients 21 years of age or older.

Eye Care Services (for children under 21 years of age): Medicaid pays for eye exams and eyeglasses once every calendar year.

Family Planning Services: Family planning services are available to women of childbearing age and men of any age. Medicaid pays for women age 21 and older to have their tubes tied and vasectomies for men age 21 and older. Family planning services **do not** count against regular doctor’s office visits.

Hearing Services (for children under 21 years of age only): Medicaid pays for a hearing screening once every calendar year and for hearing aids.

Home Health Services: Medicaid provides for certain medical services in the recipient’s home if he or she has an illness, disability, or injury that keeps him or her from leaving home without special equipment or the help of another person.

Hospice Services: Medicaid pays for hospice care for terminally ill persons. There is no limit on hospice days when approved by Medicaid ahead of time. Covered hospice services include nursing care, medical social services, doctors’ services, short-term inpatient hospital care, medical appliances and supplies, medicines, home health aide and homemaker services, therapies, counseling services, and nursing home room and board.

Hospital Services: Inpatient Hospital Care – Medicaid pays for 16 inpatient hospital days per calendar year. Coverage is for a semiprivate hospital room (2 or more beds in a room). In certain hospitals, nursing home care services are provided to Medicaid patients who are waiting to go into a nursing home. This is called **Post Hospital Extended Care (PEC)**.

Hospital Services: Outpatient Care – Medicaid pays for 3 non-emergency outpatient hospital visits per calendar year. There are no limits on outpatient hospital visits for lab work, x-ray services, radiation treatment, or chemotherapy only. Medicaid also pays for 3 **outpatient** surgical procedures per calendar year if the surgeries are done in a place called an **Ambulatory Surgical Center**. Medicaid will pay for emergency outpatient services when there is a certified emergency.

Hospital Services: Psychiatric Hospital Services – Medicaid pays for medically necessary services in a psychiatric hospital for children under 21 years of age if approved by Medicaid ahead of time.

Laboratory and X-Ray Services: Medicaid pays for laboratory and x-ray services when these services are medically necessary.

Maternity Services: Medicaid pays for prenatal (before the baby is born) care, delivery and postpartum (after the baby is born) care. Medicaid also pays for prenatal vitamins.

Mental Health Services: Medicaid pays for treatment of people diagnosed with mental illness or substance abuse. The services received from a mental health center **do not** count against regular doctor's office visits or other Medicaid covered services.

Nurse Midwife Services: Medicaid covers nurse midwife services for maternity care, delivery, routine gynecology services, and family planning services.

Nursing Home Care Services: Medicaid pays for nursing home room and board, medicines prescribed by a doctor and 14 visits from a doctor per calendar year while the recipient is in a nursing home. Medicaid also pays for long term care for mentally retarded persons.

Out-of State Services: Medicaid pays for some medical services only if certain conditions are met.

Prescription Drugs: Medicaid pays for most drugs ordered by the doctor. Many over-the-counter drugs are also covered (paid for). There are some drugs that must be approved by Medicaid ahead of time. Your doctor or pharmacist can tell you which drugs Medicaid Pays for. For most recipients, Medicaid only pays for four (4) brand name drugs each month. Generic drugs are not limited

Renal Dialysis Services: Medicaid pays for 156 outpatient dialysis treatments per calendar year for recipients with kidney failure. Medicaid also pays for certain drugs and supplies.

Transplant Services: Medicaid pays for some organ transplants.

Transportation Services: Ambulance Services – Medicaid pays for ambulance services only when medically necessary.

Transportation Services: Non-Emergency Transportation Services – Medicaid helps cover the cost of transportation to and from medically necessary appointments for Medicaid recipients who have no other way to get to their appointments without evident hardship. To find out about obtaining a voucher for a ride, call the Non-Emergency Transportation Program at 1-800-362-1504. The call is free.

Well Child Checkup Program (also known as the EPSDT Screening Program): The Well Child Checkup Program is for all Medicaid eligible children under 21 years of age, **except** those who receive pregnancy-related or family planning services only. Additional doctor visits, extra hospital days, and medically necessary services are available, if needed, to those children who have had their well child checkups.

Co-payments for Medicaid Services

Recipients may be asked to pay a small part of the cost (co-payment) for some medical services. Medicaid will pay the rest. Providers cannot charge any additional amount other than the co-payment for Medicaid covered services. Co-payments for Medicaid covered services are in the amounts shown below:

Services with Co-payments:

Doctor visits
Visits to health care centers
Visits to rural health clinics
Inpatient hospital
Outpatient hospital
Prescription drugs
Medical equipment
Supplies and appliances
Ambulatory surgical centers

Co-payment Amounts:

\$1 per visit
\$1 per visit
\$1 per visit
\$50 each time you are admitted
\$3 per visit
50 cents to \$3 per prescription
\$3 per item
\$1 for each purchase
\$3 per visit

You do not have to pay a co-payment if you are a Medicaid recipient who is:

- * In a nursing home,
- * Under 18 years of age,
- * Pregnant, or
- * Receiving family planning services.

The following services do not require a co-payment:

- * Birth Control (Family Planning) services,
- * Case management services,
- * Chemotherapy,
- * Dental services for children under 21 years of age,
- * Doctor fees if surgery was done in the doctor's office,
- * Doctor visits if you are in a hospital or a nursing home,
- * Emergencies,
- * Home and community services for the mentally retarded, or the elderly and physically disabled,
- * Home health care services,
- * Mental health and substance abuse treatment services,
- * Preventive health education services,
- * Physical therapy in a hospital outpatient setting,
- * Radiation treatments, or
- * Renal dialysis treatments.

All information in this handout is general and may change. To make sure you get the latest information, call the Alabama Medicaid Agency. For a list of covered services, see the covered services handbook, "Your Guide to Alabama Medicaid."

If you have questions, call the Recipient Inquiry Hotline at 1-800-362-1504. The call is free. (For the hearing impaired, the TDD number is 1-800-253-0799. The call is free.)